

Team Nutrition Mini-grant application -SFSP

Due May 15, 2005

page 1 of 3

TN Team Leader(s)	Position	Program	Address	phone	e-mail
	staff	Any town	999 Oak St Any town	555-1212	
	Health consultant				
Other TN Team members					
Administrator Director or Program Administrator			Food service representative		
Nurse			Health care provider		
Parent			Community representative (include organization name)		
Community representative (include organization name)			Other (please describe)		

Budget - I identify items to be purchased and estimated costs. (2 points)

Classroom supplies		Cost	Staff time		Cost	Food		Cost
Food Guide Pyramid Model	\$100		Volunteer	\$0		Fruits and vegetables for taste testing	\$250	
Food models	\$100		2 staff @ 2 hours planning time					
	Total \$200						Total \$250	
Equipment		Cost	Office (printing, postage, etc.)		Cost	Equipment		Cost
			Paper copies of recipes to send home	\$25		Jump ropes	\$25	
	total			Total \$25			Total \$25	
Total Amount Requested_____ \$200_____								

Check the assessment tool you used to identify your needs.

Program Name _____

☒ *Setting the Stage*

☐ School Health Index (available at <http://apps.nccd.cdc.gov/shi/>)

☐ Other (please describe): _____

Check Team Nutrition education channels covered by your Team Nutrition plan (1 point per channel or component checked- 6 possible)

Team Nutrition Education Channels

Classroom	Center wide	Food service	Family	Community	Media
X	X	X	X		

1. What were the priorities identified in your needs assessment and how do the proposed activities address them? (2 points)

We identified a need to introduce healthy snacks, especially fruits and vegetables to our children. We found that not many were getting fresh forms of fruits and vegetables outside of the daycare meals. We will introduce some new ways to prepare fresh fruits and vegetables with the children and then send home the recipes for the families to try together. We will increase the number of times children have the opportunity to be physically active during the day through use of the Physical Activity cards.

2. Describe activities you plan to conduct with the mini-grant and how they support the four Team Nutrition messages. (2 points)

1. Use the Healthy Snack cards to select recipes for children to make.
2. Prepare the recipes.
3. Send home the recipe with the children to try with their parents.
4. Increase physical activity throughout the day at day care by using the Physical Activity cards.

Program Name_____

3. How will the items listed in the budget support these activities? (2 points)

1. The Food Guide Pyramid and food models will be used during the snack activities and in helping the children learn about foods and where they fit into the Food Guide Pyramid.
2. Foods will be purchased for the educational activity, and not used as a part of the regular meal programs offered by the center.
3. The jump ropes will be used to increase the physical activity of the children during free playtime.
4. Copies of recipes will be sent home with the children for families to try together.

BONUS POINTS – OPTIONAL) Describe Team Nutrition activities planned for the community using in-kind support, over and above activities supported with the mini-grant (2 points)

We will demonstrate a favorite game and food activity at the local community festival. This will show community families how easy healthy eating and physical activity can be.

If you are implementing the Team Nutrition curriculum as part of your plan, you may also request one free module while supplies last. Please check the module you are requesting: pre-K and Kindergarten __XX__ grades 1-2____ grades 3-5____ middle school____

I understand that as a condition of our program receiving this mini-grant, I will submit a brief description of the activity funded by the grant and submit receipts for payment of expenses.

(Sponsor representative – print name)

(Sponsor representative – signature)

Date signed

Send completed application to: Janet Wendland, Consultant
Bureau of Nutrition Programs and School Transportation
Grimes State Office Building
Des Moines, IA 50319-0146